

# GENERAL APPLICATION PACKAGE FOR DISCRETIONARY PERMITS



THIS PACKAGE INCLUDES  
THE BASIC FORMS FOR MAKING  
APPLICATION, INCLUDING:

- Discretionary Application Form
- Environmental Information Form
- Ownership Disclosure Form
- Public Notice Package Requirements



# DISCRETIONARY PERMIT APPLICATION FORM

Please Type or Print:

<b>APPLICANT INFORMATION</b>	Project Address:		Assessor's Parcel #:	Legal Description:
	Project Description:			
	Applicant:			Financial Responsibility: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Other-Name:
	Company:			
	Mailing Address:			
	Phone:	Fax:		
	E-Mail:			Mailing Address:
	Property Owner:			
	Company:			
	Mailing Address:			
Phone:			Phone:	
Fax:			Fax:	
E-Mail:			E-Mail:	

<b>CITY USE ONLY</b>	Permit Type:	Case #:	Deposit:
	Coastal Permit: <input type="checkbox"/> Admin	ACP ____ - ____	\$1,500
	<input type="checkbox"/> Regular	CP ____ - ____	\$2,000
	<input type="checkbox"/> Conditional Use Permit	CUP ____ - ____	\$2,000
	<input type="checkbox"/> Design Review	DRC ____ - ____	\$1,500
	<input type="checkbox"/> General Plan Amendment	GPA ____ - ____	\$5,000
	<input type="checkbox"/> Zone Change	ZCA ____ - ____	\$3,000
	<input type="checkbox"/> Sign Permit/Admin	ASP ____ - ____	\$200
	<input type="checkbox"/> Site Plan Review	SPR ____ - ____	\$3,000
	<input type="checkbox"/> Tentative Parcel Map	PM ____ - ____	\$2,500
	<input type="checkbox"/> Tentative Map	TM ____ - ____	\$3,000
	<input type="checkbox"/> Variance	VAR ____ - ____	\$1,800
	<input type="checkbox"/> Other		\$ ____
	Account #:	MF #: ____	Total \$ ____
Received By:	Date Received:	Receipt #:	

**AFFIDAVIT:** We hereby certify that the information furnished in this application package is accurate, true, and correct to the best of our knowledge. By signing below, the property owner consents to the processing of the application by the applicant and authorizes the applicant to comply with the requirements placed on the application by the City. A letter of authorization from the owner may be submitted in lieu of the property owner's signature. A letter of authorization to sign is attached if the owner is a corporation or partnership. We acknowledge that, pursuant to the City's Full Cost Recovery Policy promulgated by City Council Resolution No. 4081, we are responsible for all application processing costs which include direct staff costs, indirect overhead costs computed at a rate of 2.327, and any processing charges by independent contractors or consultants on contract with the City. We acknowledge that the initial application deposit may not cover all processing costs incurred and hereby agree to reimburse the City for any additional expenses. We understand that, should the account go into deficit, all City work will stop, no hearings will be scheduled, and no permits or decisions will be issued until additional deposits, as required by the City, are submitted to replenish the account. Any remaining balance in the account will be refunded only to the designated financially responsible party unless an account change authorization is secured from the City's Finance Director.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financially Responsible Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ENVIRONMENTAL INFORMATION FORM

(To be completed by Applicant)

If the project cannot be initially be determined to be exempted from CEQA, then a \$1,000 deposit may be required to analyze the environmental information. If it is determined that a Negative Declaration needs to be prepared, an additional \$2,000 deposit will be required, and if an Environmental Impact Report (EIR) needs to be prepared, the applicant will be required to submit a draft EIR, prepared by a qualified environmental consultant, and an additional \$7,000 deposit for its review.

Project Address:	Assessor's Parcel #:
Applicant:	Owner:
Related Permit/Case:	Zoning/General Plan Designation:
Project Description: Plans attached: <input type="checkbox"/>	
Proposed use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional (school, church, etc.)	
# off-street parking spaces <input type="checkbox"/> # enclosed _____ <input type="checkbox"/> # open _____	
# dwelling units:	Parcel size:
Building Height:	# Stories:
Total Floor Area:	Floor Area Ratio (FAR):
Lot Coverage:	Average Daily Auto Trips:
# Employees:	Per Shift:
Weekday hrs of operation:	Weekend hrs of operation:
Clients/Customers per day:	Market/service area:
Environmental Setting/on-site:  Describe the project site as it exists before the project, including existing uses and structures, building heights, topography, vegetation, cultural, historical or scenic aspects. Attach photographs. _____ _____ _____ _____ _____ _____	Environmental Setting/off-site:  Describe the surrounding properties, including land uses and structures, building heights, vegetation, cultural, historical or scenic aspects. Attach photographs of the vicinity. _____ _____ _____ _____ _____

**CHECKLIST:**

Are the following items applicable to the project or its effects? Discuss below all items checked yes (attach additional sheets as necessary).	Yes	No
Change in existing features of any bays, tidelands, beaches, or hills, or substantial alterations of ground contours.	<input type="checkbox"/>	<input type="checkbox"/>
Change in scenic views or vistas from existing residential areas or public lands or roads.	<input type="checkbox"/>	<input type="checkbox"/>
Change in pattern, scale or character of general area of project.	<input type="checkbox"/>	<input type="checkbox"/>
Significant amounts of solid waste or litter.	<input type="checkbox"/>	<input type="checkbox"/>
Change in dust, ash, smoke, fumes or odors in vicinity.	<input type="checkbox"/>	<input type="checkbox"/>
Change in ocean, bay, lake, stream or ground water quality or quantity, or alteration of existing drainage patterns.	<input type="checkbox"/>	<input type="checkbox"/>
Substantial change in existing noise or vibration levels in the vicinity.	<input type="checkbox"/>	<input type="checkbox"/>
Site on filled land or on slope of 10 percent or more.	<input type="checkbox"/>	<input type="checkbox"/>
Use of disposal of potentially hazardous materials, such as toxic substances, flammables or explosives.	<input type="checkbox"/>	<input type="checkbox"/>
Substantial change in demand for municipal services (police, fire, water, sewage, etc).	<input type="checkbox"/>	<input type="checkbox"/>
Substantially increase fossil fuel consumption (electricity, oil, natural gas, etc).	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to a larger project or series of projects.	<input type="checkbox"/>	<input type="checkbox"/>
Significant amounts of impervious surfaces.	<input type="checkbox"/>	<input type="checkbox"/>
Significant amounts of pollutant discharges.	<input type="checkbox"/>	<input type="checkbox"/>
Change in any on-site or off-site environmentally sensitive area.	<input type="checkbox"/>	<input type="checkbox"/>

**DISCUSSION OF POTENTIAL IMPACTS:**


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# OWNERSHIP DISCLOSURE FORM

APPLICANT'S STATEMENT OF DISCLOSURE OF CERTAIN OWNERSHIP INTERESTS ON ALL APPLICATIONS WHICH WILL REQUIRE DISCRETIONARY ACTION ON THE PART OF THE CITY COUNCIL, DESIGN REVIEW BOARD, AND ALL OFFICIAL BODIES

The following information must be disclosed:

1. List names of all persons having a financial interest in the application; any ownership interest in the property involved; all individuals owning more than 10% of the shares in the corporation or owning any partnership interest in the partnership; and the names of any person serving as trustee or beneficiary or trustor of the trust.

_____	_____
_____	_____

2. Submit copy of Deed for the Property
3. Have you or your agents made campaign contributions or transacted more than \$250 worth of personal business with any member of City staff, Boards, Commissions, Committees and Council within the past twelve months or \$500 with the spouse of any such person? Yes \_\_\_\_ No \_\_\_\_ If yes, please indicate person(s), dates, and amount of such transactions or contributions.

_____	_____
_____	_____

NOTE: Attach appropriate names on additional pages as necessary. A person is defined as Any individual, proprietorship, firm, partnership, joint venture, syndicate, business trust, company, corporation, association, committee, and any other organization or group of persons acting in concert. Government Code § 82047.



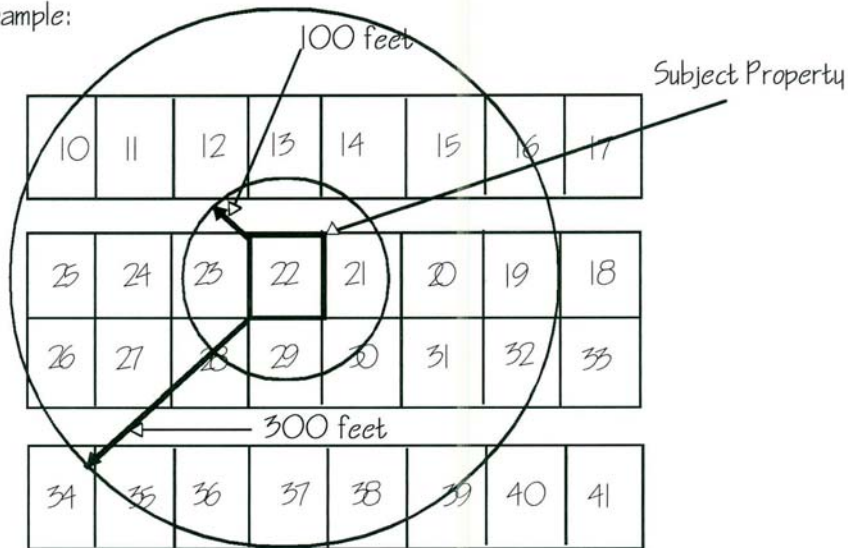
# PUBLIC NOTICE PACKAGE

## Submittal Requirements and Checklist

The Public Notice Package to include the following:

- ☐ Vicinity Map; utilizing a San Diego County Assessors Map as a Base Map; with the project site outlined and a line delineating a radius of 100 feet and 300 feet from the exterior boundary of the subject site (See illustration below)
- ☐ A typed list containing the assessors parcel number, name and address for all property owners within a ☐ 100 foot radius or a ☐ 300 foot radius, and all occupants within a 100 foot radius. Owner information shall be from the San Diego County Assessors Office latest equalized rolls. (See illustration below)
- ☐ One (1) set of stamped envelopes with addresses of all **owners** and **occupants** listed above
- ☐ One (1) set of mailing labels of the above owners and occupants
- ☐ One (1) set of self-addressed stamped envelopes for the **applicant(s)** and/or **owner(s)**

Vicinity Map Sample:



Label Sample:

632-232-01 Ms. Jane Doe 1234 A Street	632-232-02 Mr. John Doe 5678 B Street	632-232-02 Mr. Bob Smith 9876 1st Avenue
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Please remember to check-off list items at application submittal. A copy of this checklist form should be submitted with the application.